

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213543957				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: 21st Century North America Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY 1111 E MAIN ST 16TH FL BANK OF AMERICA CENTER RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F1907585</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 3 Beaver Valley Rd</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Wilmington, DE 19803</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ANTHONY JAMES DESANTIS TITLE: DIRECTOR ADDRESS: 3 BEAVER VALLEY ROAD CITY/ST/ZIP/CO: WILMINGTON, DE 19803 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ANTHONY JAMES DESANTIS TITLE: DIRECTOR ADDRESS: 3 BEAVER VALLEY ROAD CITY/ST/ZIP/CO: WILMINGTON, DE 19803	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: ANTHONY JAMES DESANTIS TITLE: DIRECTOR ADDRESS: 3 BEAVER VALLEY ROAD CITY/ST/ZIP/CO: WILMINGTON, DE 19803	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID W LOUIE TITLE: DIRECTOR ADDRESS: 355 SOUTH GRAND AVENUE CITY/ST/ZIP/CO: 12TH FLOOR LOS ANGELES, CA 90071 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID W LOUIE TITLE: DIRECTOR ADDRESS: 355 SOUTH GRAND AVENUE CITY/ST/ZIP/CO: 12TH FLOOR LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: DAVID W LOUIE TITLE: DIRECTOR ADDRESS: 355 SOUTH GRAND AVENUE CITY/ST/ZIP/CO: 12TH FLOOR LOS ANGELES, CA 90071	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DALE A MARLIN TITLE: DIRECTOR ADDRESS: 1575 CAPADARO COURT CITY/ST/ZIP/CO: MONUMENT, CO 80132 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DALE A MARLIN TITLE: DIRECTOR ADDRESS: 1575 CAPADARO COURT CITY/ST/ZIP/CO: MONUMENT, CO 80132	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: DALE A MARLIN TITLE: DIRECTOR ADDRESS: 1575 CAPADARO COURT CITY/ST/ZIP/CO: MONUMENT, CO 80132	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DONALD E RODRIGUEZ TITLE: DIRECTOR ADDRESS: 3635 LONG BEACH BOULEVARD CITY/ST/ZIP/CO: LONG BEACH, CA 90807 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DONALD E RODRIGUEZ TITLE: DIRECTOR ADDRESS: 3635 LONG BEACH BOULEVARD CITY/ST/ZIP/CO: LONG BEACH, CA 90807	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: DONALD E RODRIGUEZ TITLE: DIRECTOR ADDRESS: 3635 LONG BEACH BOULEVARD CITY/ST/ZIP/CO: LONG BEACH, CA 90807	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRYAN MARC ROTHENBERG TITLE: DIRECTOR ADDRESS: 100 DUFFY AVENUE CITY/ST/ZIP/CO: HICKVILLE, NY 11801 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRYAN MARC ROTHENBERG TITLE: DIRECTOR ADDRESS: 100 DUFFY AVENUE CITY/ST/ZIP/CO: HICKVILLE, NY 11801	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: BRYAN MARC ROTHENBERG TITLE: DIRECTOR ADDRESS: 100 DUFFY AVENUE CITY/ST/ZIP/CO: HICKVILLE, NY 11801	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Kenneth W Bentley TITLE: DIRECTOR ADDRESS: 800 N Brand Blvd CITY/ST/ZIP/CO: Glendale, CA 91203 </td> <td style="width: 50%; vertical-align: top; text-align: right;"> <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Kenneth W Bentley TITLE: DIRECTOR ADDRESS: 800 N Brand Blvd CITY/ST/ZIP/CO: Glendale, CA 91203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: Kenneth W Bentley TITLE: DIRECTOR ADDRESS: 800 N Brand Blvd CITY/ST/ZIP/CO: Glendale, CA 91203	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR					

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter D Kaplan DIRECTOR 8711 St Ives Drive Los Angeles, CA 90069	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ronald G Myhan VICE PRESIDENT 4680 Wilshire Blvd Los Angeles, CA 90010	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John T Wuo DIRECTOR 75 N Santa Anita Suite 106 Long Beach, CA 91006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William D Loucks, JR PRESIDENT 3 Beaver Valley Rd Wilmington, DE 19803	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Glenn A Pfeil VP, CEO, Treas 3 Beaver Valley Rd Wilmington, DE 19803	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Doren E Hohl SECRETARY 4680 Wilshire Blvd Los Angeles, CA 90010	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey L Pepper ASST TREASURER 5600 Beech Tree Lane Caledonia, MI 49316	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Jeffrey LPepper		Jeffrey LPepper,	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE		9/20/2013	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			